

**\*\*FLORIDA PUBLIC SERVICE COMMISSION\*\***

**DIVISION OF COMMUNICATIONS  
BUREAU OF SERVICE EVALUATION**

991419-TC

**APPLICATION FORM FOR CERTIFICATE TO PROVIDE  
PAY TELEPHONE SERVICE  
WITHIN THE STATE OF FLORIDA**

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**INSTRUCTIONS**

- ◆ This form is used as an application for an original certificate to provide pay telephone service within the State of Florida.
- ◆ **Print or type** all responses to each item requested in the application. If an item is not applicable, please explain.
- ◆ Use a separate sheet for each answer which will not fit within the allotted space.
- ◆ Once completed, submit the original and two (2) copies of this form and a non-refundable **application fee of \$100.00** to:

**Florida Public Service Commission  
Division of Records and Reporting  
2540 Shumard Oak Blvd.  
Tallahassee, Florida 32399-0850  
(850) 413-6770**

- ◆ If you have questions about completing the form, contact:

**Florida Public Service Commission  
Division of Communications  
Bureau of Service Evaluation  
2540 Shumard Oak Blvd.  
Tallahassee, Florida 32399-0850  
(850) 413-6600**

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1. Name of company or name of individual (not fictitious name or d/b/a):  
Robert D. Rogers

2. Name under which applicant will do business (fictitious name, etc.):  
RMS Media

3. Official mailing address:  
1672 W. Hillsboro Blvd., #132  
Street: \_\_\_\_\_  
P.O.Box: \_\_\_\_\_  
City: Deerfield Beach  
State: FL Zip: 33442

4. Florida address:  
1672 W. Hillsboro Blvd., #132  
Street: \_\_\_\_\_  
P.O.Box: \_\_\_\_\_  
City: Deerfield Beach  
State: FL Zip: 33442

5. Structure of organization:  
 Individual  
 Corporation  
 General Partnership  
 Limited Partnership  
 Other: \_\_\_\_\_

6. If incorporated in Florida, provide proof of authority to operate in Florida:  
Florida Secretary of State  
Corporate Registration Number: \_\_\_\_\_

7. If using fictitious name d/b/a (doing business as), provide proof of compliance with the fictitious name statute (Chapter 865.09, Florida Statutes) to operate in Florida:

Florida Fictitious Name Registration Number: G99250900308

8. F.E.I. Number (if applicable): Applied for

9. If individual, provide:

Name: Robert D. Rogers

Title: Owner

Address: 1672 W. Hillsboro Blvd., #132

City/State/Zip: Deerfield Beach, FL 33442

Telephone No.: 561-750-3175 Fax No.: 561-265-0741

Internet E-Mail Address: rogers636@bigfoot.com

Internet Website Address: None

10. If partnership, provide name, title and address of all partners and a copy of the partnership agreement:

a. Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Internet E-Mail Address: \_\_\_\_\_

Internet Website Address: \_\_\_\_\_

10. Partnership (continued)

b. **Name:** \_\_\_\_\_  
**Title:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City/State/Zip:** \_\_\_\_\_  
**Telephone No.:** \_\_\_\_\_ **Fax No.:** \_\_\_\_\_  
**Internet E-Mail Address:** \_\_\_\_\_  
**Internet Website Address:** \_\_\_\_\_

11. Who will serve as liaison to the Commission with regard to the following?

a. The application:  
**Name:** Robert D. Rogers  
**Title:** Owner  
**Address:** 1672 W. Hillsboro Blvd., #132  
**City/State/Zip:** Deerfield Beach, FL 33442  
**Telephone No.:** 561-750-3175 **Fax No.:** 561-265-0741  
**Internet E-Mail Address:** rogers636@bigfoot.com  
**Internet Website Address:** None

b. Official Point of Contact for ongoing company operations including complaints and inquiries:  
**Name:** Robert D. Rogers  
**Title:** Owner  
**Address:** 1672 W. Hillsboro Blvd., #132  
**City/State/Zip:** Deerfield Beach, FL 33442  
**Telephone No.:** 561-750-3175 **Fax No.:** 561-265-0741  
**Internet E-Mail Address:** rogers636@bigfoot.com  
**Internet Website Address:** None

12. Indicate if applicant or any subsidiary, partner, officers, directors, or any stockholder has been previously adjudged bankrupt, mentally incompetent, or found guilty of any felony or of any crime, or whether such actions may result from pending proceedings.

If so, provide explanation: Not applicable  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. Has the applicant or any subsidiary, partner, officer, director, or any stockholder ever been granted or denied a pay telephone certificate in the State of Florida? (This includes active and canceled pay telephone certificates.) If yes, provide explanation and list the certificate holder and certificate number.

No  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. Is the applicant or any subsidiary, partner, officer, director, or any stockholder a subsidiary, partner, or officer in any other Florida certificated pay telephone company? If yes, give name of company and relationship. If no longer associated with company, give reason why not.

No  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15. List other states in which the applicant:

a. Is currently providing pay telephone service.

None

b. Has applications pending to be certified as a pay telephone provider.

None

c. Has been denied authority to operate as a pay telephone provider. Explain circumstances.

None

d. Has had regulatory penalties imposed for violations of telecommunications statutes, rules, or orders. Explain circumstances.

None

16. Please check (✓) the services that will be provided:

LOCAL

LONG DISTANCE

COIN

CALLING CARD

CREDIT CARD

OTHER (Describe) \_\_\_\_\_

17. Proposed number of pay telephone instruments the applicant plans to install/operate in the first year: 2

18. How does the applicant intend to service and maintain each payphone? Check (✓) all that apply.

- ( ) PERSONALLY
  - ( ) FULL-TIME TECHNICIAN
  - (x) PART-TIME TECHNICIAN
  - ( ) SERVICE/REPAIR/MAINTENANCE CONTRACT
  - ( ) OTHER (Describe) \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

19. Will each of the installed pay telephones provide access to all locally available long distance carriers via 10XXX+0, 10XXXX+0, 101XXXX+0, 950, and toll free (e.g. 800, 877, and 888)? See Rule 25-24.515(10), Florida Administrative Code.

- (x) **Yes**
  - ( ) **No Explain:** \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

20. Will each of the installed pay telephones conform to subsections 4.28.8.4 and 4.29 of the American National Standard (CABO/ANSI A117.1-1992), Accessible and Usable Buildings and Facilities, approved December 15, 1992 by the American National Standards Institute, Inc.? See Rule 25-24.515(18), Florida Administrative Code.

- (x) **Yes**
  - ( ) **No Explain:** \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**\*\*APPLICANT FEE/TAX STATEMENT\*\***

1. **REGULATORY ASSESSMENT FEE:** I understand that all telephone companies must pay a regulatory assessment fee in the amount of **0.15 of one percent** of the gross operating revenue derived from intrastate business. Regardless of the gross operating revenue of a company, a minimum annual assessment fee of \$50 is required.
2. **GROSS RECEIPTS TAX:** I understand that all telephone companies must pay a gross receipts tax of **two and one-half percent** on all intra- and interstate business.
3. **SALES TAX:** I understand the a **seven percent** sales tax must be paid on intra- and interstate revenues.
4. **APPLICATION FEE:** I understand that a non-refundable application fee of **\$100.00** must be submitted with the application.

**UTILITY OFFICIAL:**

Robert D. Rogers  
-----  
**Print Name**  
Owner  
-----  
**Title**  
561-750-3175  
-----  
**Telephone No.**

*Robert D. Rogers*  
-----  
**Signature**  
09/17/99  
-----  
**Date**  
561-265-0741  
-----  
**Fax No.**

**Address:** 1672 W. Hillsboro Blvd., #132  
-----  
Deerfield Beach, FL 33442  
-----  
-----  
-----  
-----




**\*\*ACKNOWLEDGMENT\*\***

By my signature below, I, the undersigned owner/officer, have read the foregoing and declare that, to the best of my knowledge and belief, the information is true and correct. I attest that I have the authority to sign on behalf of my company and agree to comply, now and in the future, with all applicable Commission rules and orders.

I will comply with all current and future Commission requirements regarding pay telephone service. I understand that I am required to pay a regulatory assessment fee (minimum of \$50.00 per calendar year), file an annual pay telephone service report, pay applicable sales tax, and pay gross receipts tax. Furthermore, I agree to keep the Commission advised of any changes in the names and addresses listed in the application within 10 days of the change.

Further, I am aware that, pursuant to Chapter 837.06, Florida Statutes, "Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree, punishable as provided in s. 775.082 and s. 775.083."

**UTILITY OFFICIAL:**

Robert D. Rogers	
Print Name	Signature
Owner	09/17/99
Title	Date
561-750-3175	561-265-0741
Telephone No.	Fax No.
Address: 1672 W. Hillsboro Blvd., #132	
Deerfield Beach, FL 33442	

**\*\*APPLICANT ACKNOWLEDGMENT\*\***

**Applicant:** Robert D. Rogers DBA RMS Media

*I acknowledge receipt and understanding of the Florida Public Service Commission's Rules and Requirements relating to my provision of Pay Telephone Service.*

<u>Robert D. Rogers</u>	<u>Robert D. Rogers</u>
<b>Print Name</b>	<b>Signature</b>
<u>Owner</u>	<u>09/17/99</u>
<b>Title</b>	<b>Date</b>
<u>561-750-3175</u>	<u>561-265-0741</u>
<b>Telephone No.</b>	<b>Fax No.</b>

**Address:** 1672 W. Hillsboro Blvd., #132  
Deerfield Beach, FL 33442  
   
   
 

**THIS ACKNOWLEDGMENT FORM MUST BE COMPLETED AND RETURNED AS PART OF THE APPLICATION BEFORE THE CERTIFICATION PROCESS BEGINS. FAILURE TO DO SO WILL RESULT IN A DELAY OF THE CERTIFICATE BEING ISSUED.**

APPLICATION FOR REGISTRATION FICTITIOUS NAME

FILED  
 Sep 08 1999 8:00am  
 Secretary of State

**Section 1**  
 1. RMS Media  
 Fictitious Name to be Registered

2. 1672 W. Hillsboro Blvd. #132  
 Mailing Address of Business  
Deerfield Beach, FL 33442  
 City State Zip Code

3. Florida County of principal place of business: Broward, Palm Beach ✓

4. FEI Number: Applied for ✓

099250900308  
 -09/07/99-01089-049  
 \$\$\$60.00

This space for office use only

**Section 2**  
 A. Owner(s) of Fictitious Name if individual(s): (Use an attachment if necessary):

1. Rogers Robert D  
 Last First M.I.  
1672 W. Hillsboro Blvd #132  
 Address  
Deerfield Beach, FL 33442  
 City State Zip Code

2. \_\_\_\_\_  
 Last First M.I.  
 Address  
 City State Zip Code

BSN \_\_\_\_\_

B. Owner(s) of Fictitious Name if other than individual(s): (Use attachment if necessary):

1. \_\_\_\_\_  
 Entity Name  
 Address  
 City State Zip Code

2. \_\_\_\_\_  
 Entity Name  
 Address  
 City State Zip Code

Florida Registration Number \_\_\_\_\_  
 FEI Number: \_\_\_\_\_  
 Applied for  Not Applicable

**Section 3**  
 I (we) the undersigned, being the sole (all the) party(ies) owning interest in the above fictitious name, certify that the information indicated on this form is true and accurate. I (we) further certify that the fictitious name shown in Section 1 of this form has been advertised at least once in a newspaper as defined in chapter 50, Florida Statutes, in the county where the applicant's principal place of business is located. I (we) understand that the signature(s) below shall have the same legal effect as if made under oath. (At Least One Signature Required)

Robert D. Rogers 09/01/99 ✓  
 Signature of Owner Date  
 Phone Number: 954-764-7905

Signature of Owner Date  
 Phone Number: \_\_\_\_\_

**Section 4**  
 FOR CANCELLATION COMPLETE SECTION 4 ONLY:  
 FOR FICTITIOUS NAME OR OWNERSHIP CHANGE COMPLETE SECTIONS 1 THROUGH 4:

I (we) the undersigned, hereby cancel the fictitious name \_\_\_\_\_  
 \_\_\_\_\_, which was registered on \_\_\_\_\_ and was assigned registration number \_\_\_\_\_

Signature of Owner Date  
 Signature of Owner Date

Mark the applicable boxes  Certificate of Status - \$10  Certified Copy - \$50  
 Filing Fee: \$80  
 Note: Acknowledgments/certificates will be sent to the address in Section 1 only.

CR4E-001 (5/98)

9-8-99  
 26

ORIGINAL

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 (850) 413-6770

DEPOSIT  
 D 1 9 6

DATE  
 SEP 20 1999

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 2540 Shumard Oak Blvd.

DIVISION OF  
 ADMINISTRATION  
 FLORIDA  
 PUBLIC SERVICE COMMISSION  
 1999 SEP 20 AM 9:56

THE BACK OF THIS DOCUMENT CONTAINS AN ARTIFICIAL WATER MARK - HOLD AT AN ANGLE TO VIEW

**WESTERN UNION MONEY ORDER**

**INTEGRATED PAYMENT SYSTEMS INC. - ISSUER**  
Englewood, Colorado

02-355449177  
82-40/1021

AGENT 348839 DATE 090899  
 TIME 1931 03  
 023554491770 LOCATION 000000

100.00  
 ONE HUNDRED DOLLARS AND NO CENTS \*\*\*\*\*

PAY EXACTLY NOT GOOD OVER \$500  
 PAY TO THE ORDER OF

**FLORIDA PUBLIC SERVICE COMMISSION**

R.D. ROGERS, 1672 W. HILLSBORO BLVD #132  
 DEERFIELD BEACH, FL 33442

PURCHASER BY SIGNING YOU AGREE TO THE TERMS ON THE REVERSE SIDE.  
 AUTHORIZED REPRESENTATIVE  
 R. Rogers

Western Union Money Order is a service mark of Western Union Financial Services, Inc. Payable at Western Bank, Grand Junction, Colorado

DOCUMENT NUMBER-DATE  
 11302 SEP 21 99  
 FPSC-RECORDS/REPORTING